

WING RURAL DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and the

PUBLIC HEALTH INSPECTOR

for the year

1968

LIST OF PARISHES IN THE COUNCIL'S AREA

Aston Abbotts

Cheddington

Cublington

Edlesborough, including Dagnall and Northall

Great Brickhill

Grove

Ivinghoe and Ivinghoe Aston

Marsworth

Mentmore

Pitstone

Slapton, including Horton

Soulbury

Stoke Hammond

Wing

Wingrave and Rowsham



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1968
WING RURAL DISTRICT COUNCIL

CHAIRMAN OF COUNCIL

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VICE-CHAIRMAN

H. F. Broad, Esq.

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Mrs. V. E. Banfield
Mrs. P. P. Brown
Mrs. S. M. Hailey
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MEDICAL OFFICER OF HEALTH

A. W. Pringle, B.A., M.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH

G. F. Slocombe, M.B., B.S., D.P.H.

SURVEYOR AND PUBLIC HEALTH INSPECTOR

W. E. Thompson, A.R.I.C.S., M.R.S.H.

WING RURAL DISTRICT COUNCIL

“Brooklands”,
8 Leighton Road,
Leighton Buzzard

To the Chairman and Members
of the Wing Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the health and vital statistics for the year 1968.

This year, the twentieth anniversary of the National Health Service, has been a year of assessment of past achievements and planning for the future. With the publication of the Ministry of Health's Green Paper and the Seebohm Report we are confronted with recommendations for radical changes in the organisation of the Health Service, especially that part administered by Local Authorities.

In his foreword to the Green Paper the Minister has made it clear that it should be regarded as a basis for discussion and there has been no lack of this since its publication. There has been general acceptance of one issue; that the Health Service should in future be administered on a unified basis. But beyond this the actual future administrative structure is by no means settled, and cannot be until the report of the Royal Commission on Local Government has been considered.

Steps have been taken in recent years to overcome some of the disadvantages inherent in a tripartite service. For example, the attachment of Health Visitors and District Nurses to general practices and the move towards practice from Health Centres jointly used by Local Authority Health Services and General Practitioners. There are encouraging signs that the will to work together is there, but it is hard to see how a properly integrated service can come into being without a unified administration.

The Seebohm Report, which broadly recommends the establishment of Social Service Departments, would separate the welfare element from Health Departments, and is still very much a matter for discussion. Again, its recommendations will have to be considered in the light of the report of the Royal Commission.

VITAL STATISTICS

Looking at the vital statistics for 1968, it will be seen that the birth rate has risen for the third year in succession whereas those for the County and England and Wales have declined. This may indicate that a fair proportion of the incoming population is in the younger age group.

The other feature to which I would like to draw your attention is the infant mortality rate of 28 per 1,000 live births. The 5 infants deaths which account for this rate all took place in hospital within 12 hours of birth. Three of these deaths were due to very premature triplets who all unhappily died very soon after birth. The other two deaths were due to apparently unavoidable causes. Cancer and the degenerative diseases of the heart and circulation continued to be the main causes of death, and it is in an effort to avoid death in middle age from this latter group that transplant surgery has come into being. At the same time, advances in resuscitation have blurred the line between life and death, throwing a glare of publicity on the situation. It would seem that a breathing space is required to allow an unemotional assessment of these two great advances in relation to each other.

FOOD HYGIENE

I am glad to report that no cases of food poisoning or dysentery were notified during the year. Last year I commented on the gradual decline in the incidence of food poisoning in this County over the past 10 years, brought about by increasing attention to food hygiene. It is, however, not possible to say the same of sonnei dysentery which is becoming increasingly prevalent in most urban areas. The prevention of this disease rests on improving existing standards of personal hygiene, such as the simple routine of hand washing after visiting the lavatory.

TUBERCULOSIS

Only one new case of tuberculosis was notified during the year. It does not seem at present that tuberculosis will cease to exist in this country in the foreseeable future, but clearly the trend is downward. Credit for this cannot be given to any particular measure which has been taken over the years; it is due, rather, to a combination of therapy, immunology and epidemiology being patiently applied day in and day out against the disease.

Each year mention has been made of the part played by the Chest Clinic in tuberculosis control. Dr. Stephen Hall, the chest consultant, at Tindal General Hospital has completed his last year of service, and I would like to record my gratitude to him for his ready help and guidance in this field. Although essentially a physician, he has always taken a great interest in the epidemiological side of his work and he can look back with satisfaction on the striking reduction in all forms of the disease during his years of work in this area.

INFECTIVE JAUNDICE

The Public Health (Infective Jaundice) Regulations, 1968, came into operation on the 15th June. These regulations made infective jaundice notifiable throughout the country, and were generally welcomed because up to that time it was difficult for a Medical Officer of Health to get an overall picture of the incidence of the disease. It is a difficult disease to control because of its long and variable incubation period, and the fact that people can suffer from it having only fleeting jaundice or no signs of jaundice at all. They may, therefore, quite unknowingly, act as carriers. However, as in other infections, it is of the greatest help to have early notification.

OTHER INFECTIOUS DISEASES

During the early months of the year there were a good many cases of what was presumed to be virus enteritis. They were characterised by sudden onset of vomiting followed by diarrhoea and the illness was of short duration. An outbreak of this illness in a school was investigated but no pathological organisms could be isolated from food or patients. You will note from the infectious diseases tables that there has been a most striking reduction in the number of measles notifications. The immunisation campaign against measles started in May, 1968, and before the end of the year every child up to the age of 15 years in the area who had not had measles had been offered immunisation. This required a considerable effort in which the general practitioners also wholeheartedly joined.

The vaccine is made with live attenuated measles virus and underwent extensive trials before being accepted for general use. Very few reactions of any severity were reported in this area. If measles can be controlled, and there is every reason to hope that it will be, permanent damage to ears, chests and general health due to the disease, will be avoided. Judging by the initial response to immunisation, these factors are appreciated by the general public.

I would like to thank you again for your continued advice and support throughout the year, and to acknowledge the willing help received from the staff of the Health Department.

I am, Your obedient Servant,

A. W. PRINGLE, J.P., B.A., M.B., B.Ch., D.P.H.

Medical Officer of Health.

(A) VITAL STATISTICS

VALUE STATISTICS						1967	1968
Area in acres	..	..	..	..		36,502	36,502
Population	..	..	..	..		9,650	9,930
Number of Habitable Houses assessed for rating	..	..	..			3,535	3,560
Rateable Value	..	..	..	..		£427,855	£439,772
Sum represented by a penny rate				..		£1,800	£1,820
BIRTHS							
Legitimate Males	..	..	..	..		85	84
„ Females	..	..	..	..		69	81
Illegitimate Males	..	..	..	..		1	7
„ Females	..	..	..	..		8	4
Stillbirths	..	..	..	..		—	—
Birth Rate per 1,000 population				..		16.7	17.7
„ „ „ „				„ (Bucks)		18.1	17.9
„ „ „ „				„ (Eng. & Wales)		17.2	16.9
DEATHS							
Males	..	..	..	..		51	51
Females	..	..	..	..		49	53
Death Rate per 1,000 population				..		10.2	10.5
„ „ „ „				„ (Bucks)		8.9	9.1
„ „ „ „				„ (Eng. & Wales)		11.2	11.9
Maternal Mortality Rate			..	..		Nil	Nil
„ „ „ „			„ (Bucks)	..		0.20	0.9
„ „ „ „			„ (Eng. & Wales)			Not Available	Not Available
Infantile Mortality Rate..		..	..			12.3	28.0
„ „ „ „		„ (Bucks)	..			15.7	14.0
„ „ „ „		„ (Eng. & Wales)				18.3	18.0
CAUSES OF DEATH							
Cancer	..	..	..	..		14	15
Heart Disease	..	..	..	..		45	56
Pneumonia	..	..	..	..		8	6
Bronchitis ..	..	..	..	..		2	4
Other Diseases of Respiratory System..						2	1
Other Defined and Ill-Defined Diseases						24	17
Motor Vehicle Accidents			..	..		3	4
All Other Accidents		..	..	..		—	—
Suicide	..	..	..	..		1	1
Tuberculosis	..	..	..	..		1	—
TOTAL						100	104

(B) GENERAL PROVISION OF HEALTH SERVICES

1. LABORATORY FACILITIES

Specimens for bacteriological investigation were sent to the Public Health Laboratories at Luton and Oxford. Specimens for qualitative and quantitative analysis had to be sent to London.

2. AMBULANCE SERVICES

These are provided by the Bucks County Council, and are under the direction of the County Medical Officer. Eleven ambulances and five dual purpose vehicles were available at the Ambulance Headquarters, Buckingham Road, for use in the Borough and surrounding districts. There is two-way radio link between all vehicles and Headquarters. The majority of long distance journeys are carried out by train, stretcher cases being accommodated in reserved compartments. All casualties are conveyed to the Casualty Department at the Royal Bucks Hospital.

3. CHILD WELFARE

<i>Clinic</i>	<i>Times Open</i>	<i>Sessions</i>	<i>Total No. of Children Attending During Year</i>	<i>M.O. Attends</i>
Edlesborough	12	3rd Monday	64	Each Session
Wingrave	12	4th Monday	38	Each Session
Ivinghoe	23	2nd & 4th Tuesday	62	Each Session
Wing	24	1st & 3rd Friday	88	1st Friday
Cheddington	12	3rd Tuesday	64	Each Session

<i>Mobile</i>	<i>Times Open</i>	<i>Sessions</i>	<i>Total No. of Children Attending During Year</i>
Slapton	12	1st Tuesday	10
Marsworth	12	1st Tuesday	19
Great Brickhill	12	1st Friday	35
Stoke Hammond	10	4th Monday	19
Ivinghoe	12	1st Tuesday	14

There was a total of 413 attending these Clinics. Besides advice on health of infants and toddlers given to individual mothers, there were talks on a variety of health subjects for groups at the Clinics. Courses of immunisation against smallpox, poliomyelitis, diphtheria, whooping cough, measles and tetanus were available or could be given by the family doctor. Almost all parents who attended the Clinics were anxious that their children should have the maximum immunity against these diseases, but there was still a minority of the population who failed to take this advantage.

4. CHEST CLINICS

Under the administration of the Regional Hospital Board and the County Health Department, clinics are maintained at Tindal Hospital, Aylesbury and at Bletchley. Sessions are held weekly and are attended by a Specialist in Chest Diseases. The work of these clinics is invaluable in the control of, and prevention of the spread of Tuberculosis.

5. HOSPITALS

(a) Infectious Diseases—Cases were admitted to the following Hospitals:

Isolation Hospital, Aylesbury. Isolation Hospital, Spittlesea.

(b) Tuberculosis—Cases are admitted to the Tindal General Hospital and Berks and Bucks Joint Sanatorium, Peppard.

(c) General—General cases were admitted to the following Hospitals during the year:

Tindal General Hospital, Aylesbury

Royal Bucks Hospital, Aylesbury

Stoke Mandeville Hospital, Aylesbury

Luton and Dunstable General Hospital

Accident cases to the Royal Bucks Casualty Department.

6. DIPHTHERIA & WHOOPING COUGH IMMUNISATION,
AND POLIOMYELITIS VACCINATION

The Bucks County Council, being the Local Health Authority as defined by the National Health Service Act, 1946, administer these services.

7. TREATMENT OF VENEREAL DISEASE

A venereal disease clinic is held regularly at the Royal Bucks Hospital, Aylesbury, where free treatment is given. This clinic is administered by the Royal Bucks and Associated Hospitals Management Committee.

(C) PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES

NOTIFICATIONS	1967	1968
Measles	226	56
Scarlet Fever	7	—
Whooping Cough	5	1
Pneumonia	—	1
Tuberculosis	2	1
Others	1	7

A. W. PRINGLE,
Medical Officer of Health

“Brooklands”,
8 Leighton Road,
Leighton Buzzard,
Beds.

To the Chairman and Members
of Wing Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Public Health Inspector for the year 1968.

I am,

Your Obedient Servant,

W. E. THOMPSON, A.R.I.C.S., M.R.S.H.,
Surveyor and Public Health Inspector.

(D) SANITARY CIRCUMSTANCES IN THE AREA

1. WATER SUPPLY

The Bucks Water Board, of which the Rural District Council are a constituent authority, have continued to supply mains water to every Parish and every hamlet except Mentmore Village which has its own private estate supply, Grove Hospital which has its supply from Mid Beds Water Board and a few properties near the Hertfordshire border which have piped supplies from Rickmansworth and Uxbridge Valley Water Company. All these supplies are regularly sampled and generally found to be satisfactory. Only 40 isolated houses have to depend on their own private wells for domestic water supply.

2. SEWERAGE AND SEWAGE DISPOSAL

The scheme for sewerage Edlesborough and Northall with Eaton Bray and other adjoining villages in Luton Rural District has been commenced and should be completed in 1969.

At Wing the enlargement of the Cublington Road sewage treatment works, will be commenced in 1969.

The scheme for enlarging the Wingrave works to sewer the new development planned for that village is under preparation and will also include the treatment of certain farm wastes.

Now that the village plan for Cheddington has been prepared and published consideration must be given to the improvement of the Treatment Plant at Marsworth.

(F)**FOOD**

No Brucella or other infection was encountered in milk sampled during the year, all other being up to required standard. There are no egg pasteurisation plants in the Rural District.

Bakehouses					1968
(i)	Number on register	..	..	..	1
(ii)	Fitted to comply with regulation 16	..	..	..	1
(iii)	Regulation 19 applies to	..	..	..	1
(iv)	Fitted to comply with regulation 19	..	..	..	1
Licensed Houses					
(i)	Number on register	..	..	..	38
(ii)	Fitted to comply with regulation 16	..	..	..	38
(iii)	Regulation 19 applies to	..	..	..	38
(iv)	Fitted to comply with regulation 19	..	..	..	36
Retail Stores					
(i)	Number on register	..	..	..	33
(ii)	Fitted to comply with regulation 16	..	..	..	33
(iii)	Regulation 19 applies to	..	..	..	20
(iv)	Fitted to comply with regulation 19	..	..	..	16
Cafes and Canteens					
(i)	Number on register	..	..	..	4
(ii)	Fitted to comply with regulation 16	..	..	..	4
(iii)	Regulation 19 applies to	..	..	..	4
(iv)	Fitted to comply with regulation 19	..	..	..	4
	Milk Distributors	..	..	..	3
Ice Cream Retailers					
	Number on Register at end of year	..	..	..	28
	New licences granted during the year	..	..	..	Nil

(G)**RODENT CONTROL**

The Council employ a Rodent Operative to carry out this work jointly under the supervision of the Public Health Inspectors of Wing and Winslow R.D.C.'s.

Number of properties inspected	..	..	..	1,679
Number of treatments carried out	..	..	..	265
Number of Statutory Notices served	..	..	..	Nil

All the Council's sewage disposal and refuse tips were treated regularly and sewer treatments were carried out at Wing. Test baiting proved negative in the other villages.

(H)**MEAT AND OTHER FOODS**

One slaughterhouse is in use in the District and the meat is regularly inspected by qualified Meat Inspectors. (see Table below)

Licences to slaughter animals during the year	3
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MEAT INSPECTION

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle		Sheep and		Horses
	Excluding		Lambs	Pigs	
	Cows	Cows			
Number killed ..	3973	144	5777	7407	—
Number inspected ..	3973	144	5777	7407	—
All diseases except Tuberculosis & Cysticerci					
Whole carcasses condemned ..	4	—	—	—	—
Carcases of which some part or organ was condemned ..	655	8	391	510	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	16.59	5.56	6.77	6.89	—
Tuberculosis only:					
Whole carcasses condemned ..	Nil	—	—	Nil	—
Carcases of which some part or organ was condemned ..	Nil	Nil	Nil	Nil	—
Percentage of the number inspected affected with tuberculosis ..	Nil	Nil	Nil	Nil	—
Cysticercosis:					
Carcases of which some part or organ was condemned ..	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	—	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—

Meat and Offal Condemned

Tuberculosis ..	..	..	Nil
Other Diseases ..	..	..	12,630 lbs.

(I) FACTORIES AND WORKSHOPS

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Inspections</i> (3)	<i>No. of Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	27	24	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	28	9	Nil	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	—	—	—	—
TOTAL	55	33	Nil	Nil

2. Cases in which **Defects** were found.

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1)	3	3	—	—	Nil
Overcrowding (S.2)	Nil	Nil	—	—	Nil
Sanitary Conveniences (S.7) (a) Insufficient	1	1	—	—	Nil
(b) Unsuitable or defective	3	3	—	—	Nil
TOTAL	7	7	Nil	Nil	Nil

3. Number of Outworkers	45
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Petroleum Acts and Orders

Registered number of licences	37
Storage capacity 500 gallons or less	22
Storage capacity between 500 and 1,000 gallons	..	..	..	..	6
Storage capacity over 1,000 gallons	..	..	..	..	9

All underground storage tanks more than 20 years old have been tested to Home Office requirements or replaced.

Moveable Dwellings

Number of licensed sites	..	..	..	..	..	17
Individual caravans:						
(a) Occupied temporarily for housing	..	..	..	..	..	15
(b) Used occasionally	..	..	..	..	..	2
Number of inspections	..	..	..	..	..	17
Nuisances found to exist	..	..	..	..	..	Nil
Temporary Buildings	..	..	..	..	..	Nil

W. E. THOMPSON,

Public Health Inspector

